THE CLINIQUE.

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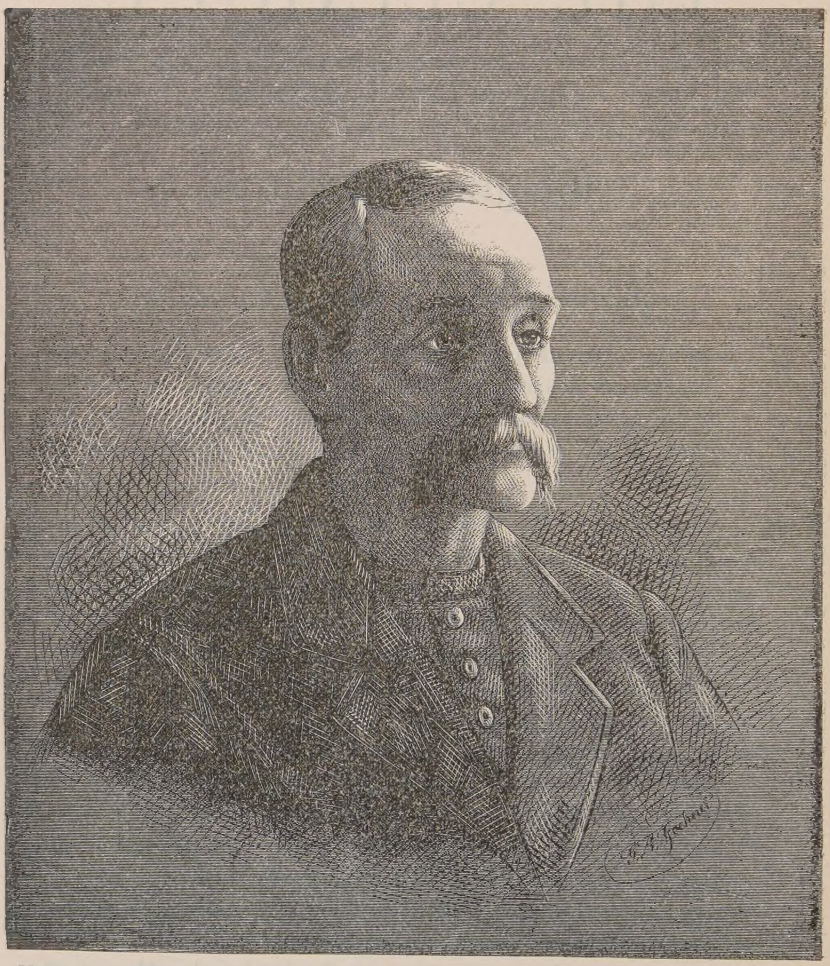
Original Lectures.

FOREIGN BODIES IN THE ŒSOPHAGUS.

A CLINICAL LECTURE AND OPERATION IN THE AMPITHEATRE OF THE HAHNEMANN HOSPITAL, CHICAGO, FOR THE REMOVAL OF A SET OF FALSE TEETH LODGED IN THE ŒSOPHAGUS OF A MAN. BY G. A. HALL, M. D., PROFESSOR OF THE PRINCIPLES AND PRACTICE OF SURGERY.

GENTLEMEN:—We bring before you to-day a case of unusual interest, both to the patient and to the medical profession. Three weeks ago this gentleman had the misfortune to swallow a complete set of lower teeth. The possibility of such an accident seems incredible at first, but when he related to me the circumstances of this mishap I could readily understand how it might occur. The day of the accident he had visited a neighboring town, and on his return home found the family had finished the noon meal, and he seated himself to eat alone and began to eat hurriedly, and could not refrain from talking at the same time, being anxious to relate the village gossip which he had gathered during his absence. For twelve years he had worn a complete upper and lower set of false teeth. The lower set had become loosened, and when eating hard morsels, were easily displaced. He cut off a piece of hard cooked meat and placed it in his mouth. The teeth became displaced. He continued chewing for a few moments and then swallowed, with a view to disposing of the meat. He became conscious of something hard and

unyielding going down to the pharynx and œsophagus but supposed it to be the imperfectly masticated meat. As the meat and the teeth became wedged in the œsophagus, he

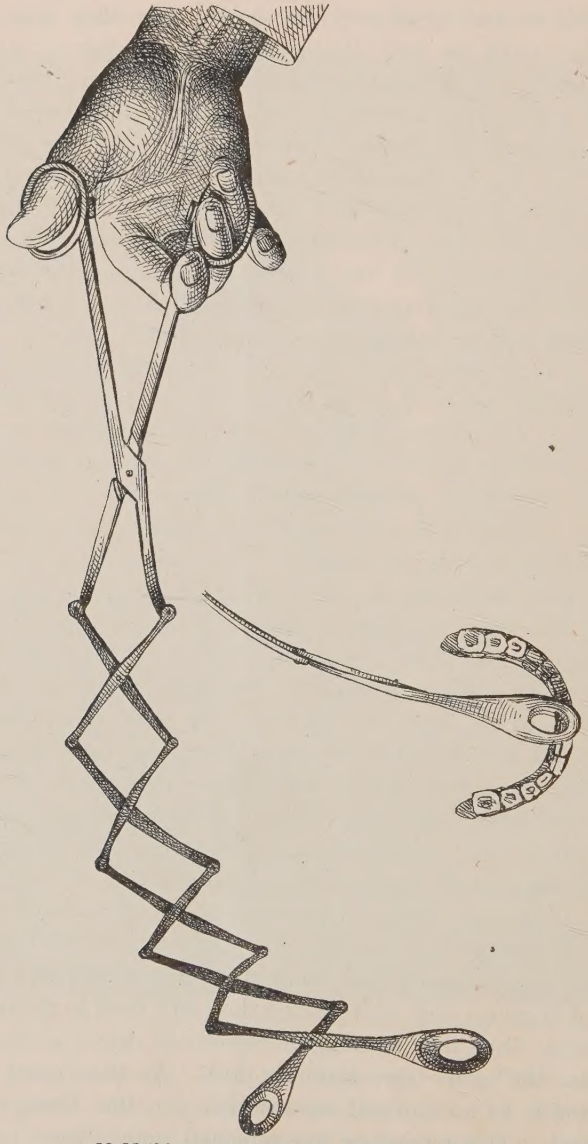


Mr. ——, who swallowed his under set of false teeth—from a photograph taken in the Hospital by Mr. Gœner.

made some ineffectual efforts to throw up the offending substance and, failing to do so, ran out into the street and jumped up and down, with a view to forcing the morsel into

the stomach. The distress had become intense, and he returned to the house, when his wife timidly suggested that possibly he had swallowed his teeth. He then discovered that his under set had disappeared. The sense of distress seemed to be at the base of the ensiform cartilage. He could not swallow any foods but the blandest liquids, and these in small quantities. For three weeks, therefore, he has had little or no food and is consequently emaciated. An œsophageal bougie was first introduced to ascertain the position of the teeth. This was found to be sixteen inches from the upper alveoli. It was difficult to determine the position of them, as they were found firmly embraced by the œsophagus, and became imbedded in its substance. The first difficulty was to find a pair of forceps of sufficient length and suitable curve, which could be passed down to the object of search. When this difficulty had been overcome, a second one presented in the impossibility of opening the forceps while in the œsophageal tract. Anticipating some such trouble, a pair of forceps of French device had been procured from Mr. E. H. Sargent. These instruments were invented by M. Mathieu, but had never been employed for want of a case, and from the doubt which existed, in the minds of those to whom they were exhibited, as to their utility. A favorable opportunity was now offered to test their merits. With these forceps the teeth were easily reached, but could not at first grasp them, owing to their impaction. Passing them down while closed until they came in contact with the plate, they were then carefully pressed beyond it and expanded. Withdrawing the forceps while in this position, the second effort dislodged the plate, and rotated it in such a manner that the posterior angle of the left ramus could be grasped by the forceps. The teeth were then withdrawn about three inches, when the forceps slipped. An attempt to gain a new hold pushed the teeth back to the original position, when they were again seized and drawn to the point where the grip was formerly lost. At this point there seemed to be an unusual contraction, for the forceps again slipped. This procedure was repeated many times. At last

the teeth were grasped by the forceps, and when the constriction was reached, the forceps were placed in the hands of Prof.



M. Mathieu's œsophageal forceps, widely opened.
" " " grasping the plate.

Shears and a pair of crow-beaked forceps were placed astride of the first pair to increase their grasp. In this manner the teeth were jointly withdrawn through the pharynx into the mouth. During the operation the patient was seated erect in his chair, and had no anæsthetic except a hypodermic injection of morphine and atropine, under which he endured the trials incident to the operation for more than two hours. It is now three days since the removal of the teeth and the patient is suffering no inconvenience except a slight soreness in the pharynx. He has partaken liberally of soft food since the operation without difficulty. He returns to-day to his home. The plate, as you may see, is two and one-half inches across the base and is a complete set of under teeth.

The Final Examinations of the Hahnemann Medical College are now in progress, and the aspirants for the degree are confronted with the following schedule by the registrar:

1.	Monday,	February 14,	4 o'clock, P. M.	Anatomy.
2.	Monday,	" 14,	7 "	Surgery.
3.	Tuesday,	" 15,	2:30 "	Eye and Ear.
4.	Tuesday,	" 15,	4:30 "	Materia Medica.
5.	Wednesday,	" 16,	3:30 "	Physiology, Histology, and Sanitary Science.
6.	Wednesday,	" 16,	7:30 "	Diseases of Women and Obstetrics.
7.	Thursday,	" 17,	3:30 "	Theory and Practice.
8.	Thursday,	" 17,	8: "	Chemistry and Toxicology.

Clinical Society Transactions.

DR. A. K. CRAWFORD, SECRETARY.

FEBRUARY MEETING, 1887.

The regular monthly meeting of the Clinical Society was held in the club room of the Grand Pacific Hotel on Saturday evening, February 5. In the absence of President Vilas, Dr. E. M. P. Ludlam was called to the chair. The weather being very bad, only about a hundred physicians and students were present. The session was devoted to the reading and discussion of the

REPORT OF THE BUREAU OF GYNECOLOGY.

DR. R. LUDLAM, CHAIRMAN.

This report consisted of five separate papers, two of which were contributed by Dr. E. S. Bailey. They were read and disposed of in the following order:

I. OXALIC ACID AS AN EMMENAGOGUE.—Apropos of Dr. Arnulphy's excellent paper on oxalic acid in oxaluria,* I am tempted to call your attention to an article under the above caption which is contained in a recent French journal.† After citing the current theories of menstruation, and the different causes and complications of amenorrhœa—*id est* the vicarious flow, which, according to Levy, shows how a morbid habit may substitute a normal function; the incidental congestions and inflammations, menstrual ataxia, chlorosis, anæmia and plethora, and the different diatheses as they are related to the disorder in question—its author, Dr. V. Poulet, relates five

*See page 30 of this volume.
† *Archives de Tocologie, des Maladies des Femmes*, etc., 30 Juin, 1886, page 539.

cases in which this acid brought on a prompt return of the menstrual discharge. We will condense his report:

Case 1. Hœmoptysis, with great loss of blood and signs of red hepatization of the entire left lung. Failure of different remedies. Under the use of oxalic acid the menses came five days in advance of the period, with cessation of the hœmoptysis and resolution of the hepatization by a kind of rapid resolution.—Madame R——, æt. twenty-five, the mother of two children, of a delicate complexion, belonged to a consumptive family, and had had severe attacks of spitting of blood during her girlhood. Since her marriage these attacks had recurred several times, but never so severe as in the present instance. She began to expectorate blood March 28, 1885, but the courses were not due until April 10. Ergot was given, for that had usually been sufficient. The hemorrhage increased frightfully. Sinapisms to the lower extremities, and Warren's anti-hemorrhagic balm internally, failed of effect. The tongue being very much furred and the appetite nil, an emetic of ipecacuanha was then given. But the general and local symptoms grew worse. She had fever, the pulse was 120, the evening temperature 102.2° F., with complete insomnia, and great anguish and dyspnœa. She complained of fulness in the chest, sub-sternal pain and a desire to expel some obstacle that was in the way of respiration. Upon auscultation the whole of the left lung seemed to be blocked by indurations, while from top to bottom there were sub-crepitant râles, and the middle of the lung the bronchial souffle. Percussion revealed absolute flatness over the whole left lung, both before and behind.

To relieve the dyspnœa, if possible, and to prompt the menstrual flow, we gave of a mixture containing two grammes of oxalic acid and sixty grammes of the syrup of orange peel, a tablespoonful every hour. The next day the menses appeared five days in advance of the regular time, and the left lung was relieved by a rapid resolution; the expectoration improved, the fever subsided, the appetite returned and the change was magical. On the 7th, the flow not being free enough, the acid was repeated and with the happiest result.

Case 2. Incipient angina with very alarming symptoms; constriction of the neck and the chest; extreme oppression and evil forebodings. After taking the acid, the appearance of the menses twelve days before the usual time, followed immediately by a complete remission of all the symptoms.—Miss Martha C—— æt. seventeen years, a teacher of good constitution,

had always been well. She was seized with chills and fever February 18, 1886, and was obliged to go to bed seventeen days from the last menstrual period. The attack became so severe that on being called to her the next evening we were told that she was dying. The face was purplish, the pulse 115, the temperature 103.3° and the respiration 40 per minute. Extreme dyspnœa, constriction of the throat and chest, cough, anxiety and the fear of death were the prominent symptoms. Locally there was a glandular enlargement at the right angle of the inferior maxillary bone, but there was no redness nor swelling of the throat. Some sibilant râles were heard in the chest, the tongue was slightly furred, and the appetite gone. The acid was given as in the former case and a mustard foot-bath was ordered.

The next morning we found that the alarming symptoms had subsided during the night, and the menses had appeared almost a fortnight in advance of the next catamenial season. The pulse was 90, and the oppression and the anxious apprehensions were gone. This was followed by a mild and simple sore throat.

Case 3. *Typhoid fever complicated with pharyngeal ulceration. Intense dyspnœa. Remarkable relief of the symptoms by the return of the menses under oxalic acid. Unfortunate change of treatment, return of the pharyngeal symptoms, and death on the seventeenth day.*—Maria G——, æt. twenty-one, of an arthritic constitution, had formerly suffered from pneumonia, and articular rheumatism. She showed symptoms of the prevalent typhoid fever since January 17, 1884, which was two days after the cessation of the monthly flow.

During the whole course of the disease the abdominal symptoms were very slight. She complained constantly and almost exclusively of her throat, and expectorated a large quantity of glairy mucus. It was a case of that form of typhoid fever with ulceration of the pharynx, which was first described by M. Nonat in 1840, and more recently by M. Duguet. January 29 the pulse was 120, the tongue was red and dry, and the teeth coated with sordes. The matter raised was less than before, but the general condition grew rapidly worse; the respiration became hurried and anxious, and at intervals there were fits of suffocation. The oxalic acid was given in the same manner. On the 31st, two grammes of the acid had been taken, and a decided change had been wrought. The menses came during the previous night; the facial expression was good and the number of respirations had fallen to 24 per minute. Everything argued a more favorable prognosis.

The case had so improved that we could safely change the treatment, and so we relinquished the further use of the acid and substituted a potion of quinine and malaga. (At that time we did not know the harm that comes from giving quinine during the menstrual period.) From that moment the respiratory symptoms became worse than ever, the condition was desperate and she died on the night of February 1.

Case 4. *Amenorrhœa with chlorotic asthenia. Cure of the suppression by oxalic acid after failure with ferrum.* Miss Sophie X., twenty-one years of age, a seamstress, tall and slender, complained of fugitive pains in the back and the stomach, of palpitation and loss of breath on going up stairs; dyspepsia, leucorrhœa, and failure to menstruate for three months. On testing the urine with nitric acid it showed the rose-colored precipitate due to the presence of hæmatine. There were no signs of pregnancy. The treatment was begun with the ferruginous preparations, but at the end of six weeks the patient, who was about to be married and desired to be well, urged us to bring on the flow. On March 18, 1886, the date at which the flow was due, we prescribed the oxalic acid. From the next day the menses were restored with great advantage to the general health, and since that period she has been well.

Case 5. *Amenorrhœa from taking cold at the monthly period; re-establishment of the flow by the use of oxalic acid.*— Josephine R., æt. thirty, a servant, of a nervous temperament, having lost her mistress in December last, accompanied the remains to Bourgogne. She took cold, which with the sad experience of the journey, had the effect to stop her menses abruptly. Following this suppression she felt badly in several respects, but more especially from a general lassitude, which she could not overcome. Bestuchef's tincture was given, and she took apiol in advance of the period, but with no effect. March 9, on the eve of the third month since the arrest of the flow, we resorted to the potion of oxalic acid. When she had taken about one third of the mixture the menses reappeared and her health is now fully restored.

The author adds a few practical suggestions to the effect that he has found this acid of use in dysmenorrhœal suffering, but has not tried it for the relief of neuralgic pains in normal menstruation. In the amenorrhœa which is incident to serious organic disease, he does not promise very much for it. He is satisfied that it will not induce an abortion, for he has frequently given it, and successfully too, for the relief of the

vomiting of pregnancy without any ill effect. He is equally positive concerning the opposite action of the oxalic acid and of quinine, the former having a decided tendency to bring on the menstrual flow, and the latter to suppress or to arrest it. Incidentally he also praises the effect of this acid in recent strangulated hernia and in asthma. The paper closes with noting the singular circumstance that this violent poison should at the same time play such an important physiological role in the function of digestion, more especially of intestinal digestion, and also promise so much therapeutically.

II. On the abuse of morphine in pelvic peritonitis.—From abundant experience I am led to believe that one of the principal factors in the development of what has been styled the "uterine dyscrasia" is the inordinate use of morphine in the treatment of pelvic peritonitis. There are at least two valid reasons for the prevalence and the persistence of this criminal state of things: (1) the indiscriminate medical employment of this agent for the relief of pelvic and abdominal pain, more especially if there is a suspicion that the peritoneum is involved, and, (2) the monthly suffering, which helps to form and to fasten the habit of taking it in constantly increasing doses.

With a large class of nervous and hysterical young women the symptoms that attend the advent, or the recurrence of the menses often represent a spurious and temporary form of peritonitis. When the usual domestic expedients have failed to relieve these attacks a direct resort to anodynes, and almost always to morphine, is the rule, and the habit begins to grow by what it feeds upon, for these subjects soon acquire some such form of menstrual irregularity as was illustrated by Dr. Frederic Stevens' paper on *Amenorrhœa from Morphinism*, presented to this Society in May last.* Dysmenorrhœa, intractable, nervous and mental disorders, chronic ill health and fruitless marriages may rightly be ascribed to this cause in a very considerable share of cases. Girls who have been treated in this way are as bad subjects for the perils of maternity as an old opium eater is for an amputation or for an ovariotomy.

In middle and advanced life the risks of peritonitis will have been increased in a tenfold degree by pregnancy, labor and the

*See the CLINIQUE, 1886, Vol. VII, page 191.

lying-in. The suffering involved, the urgent demand for relief, the general lack of care and the time required to make a proper diagnosis, and above all the habit of taking morphine very freely and frequently will explain the resulting mischief. More than fifty per cent of the cases of chronic pelvic peritonitis that fall under the eye of the gynecologist are complicated with the effects of this drug. This is one reason why it "runs on forever," and why it is so difficult of cure. A simple attack of peri-uterine inflammation, which is neither puerperal nor post-operative, would soon respond to our remedies and be promptly curable; but it is a very different thing to dispose of an old and obscure peritonitis that is linked with the opium habit.

Of the effect of this drug to prevent, to modify and to arrest the menstrual flow only a very general idea is entertained. Most physicians who are in the habit of prescribing morphine give it without regard to the time of the month, or to the imminency of the period, just as others pay but little heed to the abortive properties of quinine during pregnancy. And yet the clinical history of post-puerperal peritonitis with a dysmenorrhœa (from which mothers should naturally be exempted) is but too often complicated by the effects of opium taken in one form or another for the relief of abdominal pain.

To say nothing of the possible effect upon the child, when this drug is given to a nursing woman, there is no question that it may and often does delay for months, and even for years in some cases, the re-establishment of the catamenial function. With these conditions any predisposition to peritonitis that may have existed is readily developed. Or, if the patient has once suffered from peritonitis, the amenorrhœa which results from the misuse of opium lights it up again and the taking of the drug becomes a relapsing factor in the case.

If a woman who has peritonitis happens to be anæmic or hydræmic, is badly nourished, or exhausted, or if she either has or has had malarial fever in any of its forms, her power to resist the toxic effect of morphine and opium is thereby reduced. Moreover, many of the drug symptoms so closely resemble those of the serous lesion that it is impossible to discriminate

between them; and so a smoldering peritonitis may consume and destroy the patient's life under the cover of easing the pain and promoting absolute rest.

There is good reason to believe that during the lying-in and when complicated with certain depraved conditions of the blood, the giving of opium in large doses in the treatment of peritoneal inflammation favors the puriform transformation of the effused serum which adds so much to the gravity of the case. It is quite possible in this way to counteract the effect of a well-chosen diet, and of means that are properly designed to avert the threatened infection and its disastrous consequences.

Not unfrequently the morphine habit is the direct and very natural result of the physician's having prescribed it for some form of peritonitis. The disease keeps recurring and the patient continues to resort to the supposed remedy, so that it soon becomes next to impossible for her to live without it. If her doctor denies her its further use, she either obtains and takes it without his knowledge, or she discharges him and finds another who will consent to give it to her. And this is the precise position in which we are sometimes placed when we are called upon to treat those old knotty cases of pelvic and abdominal inflammation which have already gone the rounds of all the doctors. If we do not know that quite a proportion of them are the victims of morphinism, as well as of peri-uterine inflammation, and that they are not ready to reform and to renounce the habit, we shall fail to cure them with the best chosen remedies given upon symptomatic indication. Nor will any kind or variety of topical expedient, manual manipulation, massage or what-not, serve as a compensating antidote for our ignorance of the etiology of this class of cases.

Briefly, the custom of prescribing large doses of opium in peritonitis, and of treating it exclusively by this drug, which originated, so far as we know, with the celebrated Prof. Alonzo Clark, of New York, affords another illustration of the mischievous results that may come from a wholesale prescription of this sort when its application is extended beyond the origi-

nal bounds. It may not be known, to some of the younger members of this society especially, that in one case Dr. Clark gave within the first twenty-six hours 106 grains of opium; in the second twenty-four hours, 472 grains; on the third day, 236 grains; on the fourth day, 120 grains; on the fifth day, 54 grains; on the sixth day, 22 grains; on the seventh day, 8 grains, after which the treatment was suspended. This was a total of 1,018 grains of opium, taken in the space of one week! "Generally, however, he says that in private practice not more than a half to two-thirds of a grain of a salt of morphia every two hours is needed." This latter was to be given by the mouth, but who can doubt that, with such a terrible degree of dosing, counseled by such an authority, and facilitated in our day by the use of the hypodermic syringe, a vast deal of mischief has been unwittingly developed.

III. Phosphoric acid in the septic diarrhœa of child-bed.—There is a form of diarrhœa to which women are prone, during the lying-in, which, while it is critical and sometimes salutary, is often difficult to control, and not unfrequently fatal. It is nearly or quite painless, with rumbling of the bowels, colliquative and very frequent and copious stools that weaken the patient rapidly, and is accompanied by thirst, anorexia, and sometimes by vomiting. It is of septic origin, and, therefore, always is preceded by a high temperature, and accompanied or followed by a falling temperature. Moreover, it is most liable to occur during the first week of the lying-in, and is the frequent crisis in what is commonly, although improperly, styled puerperal fever. In most cases it is secondary upon a septic endometritis which, on account of its obscure symptoms and negative character (always excepting the lochial changes and the exalted temperature), is often overlooked. At other times it is chargeable to the heat of summer, or to the cold and abrupt changes of the winter and spring months, in which latter case it very much resembles our "winter cholera."

Both in my hospital and private practice I have so often seen such excellent results from the employment of phosphoric

acid in this condition that I am induced to recommend it as a very useful remedy. The following recent cases from the puerperal ward of the Hahnemann Hospital are kindly furnished by the House Physician, Dr. F. C. Stewart:

Case 1.—G., aged eighteen, was admitted to the lying-in ward of the Hahnemann Hospital December 6, 1886. She was in the ninth month of pregnancy, and was suffering with the left breast, which began to be swollen and very painful during her second month. She ascribed the trouble to nostrums given her by a physician to produce an abortion. The breast was first lanced November 25; did not discharge freely, but remained very hard. December 10 she was brought before the class and the breast lanced a second time. It had been poulticed continually from November 15, and after she entered the hospital she was given *Silicia* 3, four times daily, until her confinement.

December 24 she gave birth to a male child. There was nothing abnormal in the labor, but according to custom the patient was anæsthetized, and after the examination by the class, was delivered with the forceps. The forceps and the hands of those making the examination, were cleaned with water in which was a solution of the bichloride of mercury 1 to 2,000.

The post-partum treatment consisted in a vaginal injection once daily of calendula water, one quart being used each time.

During the night of December 28 she had quite a severe chill, and the following morning her temperature was 103° at 8 A. M.; pulse, 110; respiration 32; the face pale and wan; the eyes sunken, but very bright; the lips dry and parched; the appetite gone; a thin, watery, and very offensive stool about every two hours; the lochia, which had been profuse was decreased about one-half; lactation, which had been established the preceding day, was also markedly diminished, and she complained of a little soreness low down in left side —*Arsenicum alb.* 3 every two hours.

8 P. M.—Temperature, 104°; pulse, 120; respiration, 38; stools more frequent, but of the same character; the abdomen is slightly tympanitic.

December 29, 8 A. M.—Temperature, 101°; pulse, 114; respiration, 34; other symptoms unchanged—*Ars. alb.* 3 and 200.

8 P. M.—Temperature, $104\frac{1}{5}°$; pulse, 125; respiration, 40; complains of quite a severe pain in the left ovarian region; the abdomen is quite tympanitic and slightly sensitive. Same remedy.

December 30 she slept from 5 to 6 A. M. only, seems some better. Temperature, 101°; pulse, 130; respiration, 40; many of the symptoms are changed. The skin is dry and hot, the entire abdomen very tender to the least touch. She is very restless, tossing from side to side and moaning at each breath. There are deep blue lines under the eyes; she takes close note of everything said and done in the room (and this peculiarity was prominent and continued until convalescence was established); the bowels are better since midnight; the stools less frequent. One cheek is very red while the other is pale, and perhaps in 15 or 20 minutes the color would change from that cheek to the other. The thirst continued; she expressed a great desire for fruits and lemonade. No sleep the previous night. Hot applications were made to the abdomen constantly. *Aconite* 3 every two hours.

8 P. M.—The symptoms began to show an aggravation between 12 and 1 P. M., and an amelioration in about twelve hours, and this continued for some days. Temperature, $104\frac{4}{5}$°; pulse, 144; respiration, 44. From 10 A. M. she lost all control of the bowels, the motions being almost incessant, and without the patient's knowledge. The pain in the abdomen is intense and the lochia and milk entirely suppressed.

December 31, 8 A. M., temperature, 103° pulse, 140; respiration, 44; all the symptoms, except the diarrhœa, somewhat ameliorated. Same treatment.

8 P. M. Temperature, $104\frac{1}{5}$°; pulse, 148; respiration, 50. She is very much exhausted; all symptoms aggravated. Prof. Ludlam, who was then consulted, ordered *Phos. acid* 3; the dose to be repeated every quarter of an hour for a few times. In less than one hour the bearing down pain in the abdomen became less severe, the patient gained control of the bowels, the bed-pan, which had been kept under the patient constantly for thirty-six hours, was removed, and the patient slept a few moments. Then the symptoms returned, and although the remedy was again given every hour, no relief was experienced. At 4 A. M. I put twenty drops of the tincture in half a glass of water and gave her two teaspoonfuls fifteen minutes apart, and in less than ten minutes after the second dose the patient fell asleep and remained so for more than one hour; when she awakened she expressed herself as feeling much better, and from that time began to improve.

Her bowels moved again about 8 A. M., and from that time until January 2, after each motion of the bowels, a dose of the Phos. acid was given. The bowels moved about four times daily.

The desire for fruits and lemonade still remained, and

they were given. She actually cried for joy at sight of the lemonade. The appetite returned, and the lochia were re-established January 2.

January 1.—Temperature, $100\frac{2}{5}°$; pulse, 130; respiration, 40; all the symptoms were improved. Slept about half the night.

8 P. M.—Temperature, 102°; pulse, 130; respiration, 36. Lactation re-established, but scant.

January 2, 8 A. M.—Temperature, normal; pulse, 120; respiration, 28; the abdomen is still quite sensitive to pressure. She rested quite well the past night; the appetite is good.

Aconite 3x was given every two hours from December 30 to January 4.

The history from January 2 to 15, when the patient was discharged, was that of convalescence. I believe the infection in this case to have been auto-genetic.

Case 17845.—Sarah B., aet. seventeen, was confined in the obstetrical ward of Hahnemann Hospital December 28. January 1, she had a slight chill, and following it quite a high temperature, 103°; pulse, 120; respiration, 24. She complained of wandering pains through the abdomen; unquenchable thirst; dry hot skin; restless and tossing all over the bed. Aconite 3 every two hours.

8 P. M.. temperature, $104\frac{1}{5}°$; pulse, 140; respiration, 40; the abdomen is quite tympanitic. My attention having been called to *Phos. acid* in the previous case, I began to look for symptoms for that remedy and they were forthcoming. Great aversion to light; red streak down centre of tongue; what little food was taken sickened patient; great thirst; wants beer; large, liquid, offensive stools; lochia very offensive, and lessened in quantity; constant urging to urinate; great relief from rubbing the small of the back, as "the burning there is made better." *Phos. acid* 3 every two hours.

January 2, 8 A. M., temperature, 102°; pulse, 130; respiration 36; the abdomen is very tender and tympanitic; paroxysms of pain torment her, returning regularly about every fifteen minutes; great desire for lemonade; frequent, watery, copious stools; the lochia almost nil in quantity, and very offensive; lactation suppressed.—*Phos. acid.*

8 P. M., temperature, $104\frac{1}{5}°$; pulse, 140; respiration, 50; stools less frequent and the abdomen is less sensitive to the touch; the other symptoms unchanged. Same treatment.

January 3, 8 A. M., temperature, 100; pulse, 128; respiration, 34. She slept from 2 to 6 A. M.; the lochia are entirely suppressed. Hot applications are kept on constantly.

8 P. M., temperature, 103°; pulse, 136; respiration, 40; all the symptoms are somewhat ameliorated.

January 4, 8 A. M., patient rested better than the previous night; temperature, 98°; pulse, 100; respiration, 30; notwithstanding the bowels had moved copiously every few hours, she passed a very large natural stool; the lochia are re-established, but scant and offensive; the appetite is improving. She now presented many symptoms for *Bryonia* and that remedy was given. From this time she improved quite rapidly and was discharged January 17. The writer visited her at the home of the Woman's Refuge, February 7, and found her feeling quite well, all traces of the disease, except a remnant of the effusion into the peritoneal cavity, having disappeared.

Clinical Cases.—By E. S. Bailey, M. D.—*Case 1. Encysted peritoneal dropsy.* Mrs. L—, aged twenty-seven, December, 1885. During a very cold night, went with slippered feet and dressed with thin house garments to a neighbor's house. On her immediate return home she fell and injured her side. This patient was seized before morning with a sharp attack of pleurisy. The morning of the second day she seemed quite relieved of the severity of the pain, when, during a temporary absence from my office, she was suddenly seized, without warning or known cause by herself or others, with intense pain in the left ovarian region. Several physicians were summoned; the first to arrive gave a hypodermic injection of morphine, one-fourth of a grain. In a short time this was repeated, and again. On revisiting the patient, at 3 P. M., she was in a state of collapse, entirely unconscious, with stertorous breathing, and the end was momentarily expected by all. Recognizing the cumulative effect the drug was having, alcoholic stimulus was used internally, hypodermically and with friction. Aromatic spirits of ammonia, fifteen drops in one-third of a glass of water, a teaspoonful at first every five then every ten minutes, was given. In one hour the immediate danger was tided over. I remained until 7 o'clock the following morning, when consciousness had returned, and in addition to the pleurisy, there was present a sharp attack of diffused abdominal peritonitis. For the fortnight following the patient was in a critical condition, and was watched and nursed with unremitting attention every moment. Great difficulty in breathing was experienced from the thoracic inflammation, and this was tormentingly aggravated by the pain caused by the abdominal

inflammation. For three weeks the patient remained in nearly one position. The temperature had reached, during the height of the inflammation, 104° and the pulse 166. *Bryonia 3*, *Bell. 3*, *Aconite 3*, *Cantharis 3* were about the only remedies used up to this time, save that the patient, having learned the soothing effects of the morphine, begged for the minimum dose, when the suffering was most intense, and she received a few hypodermics of Magendie's solution, never to exceed ten minims. She voluntarily relinquished this because of the distressing after-effects.

About the beginning of the fourth week, the dry hot applications having been continued up to this time almost uninterruptedly, day and night, the patient called my attention to an enlargement of the left side. Menstruation had failed and suspicion pointed at once to the ovarian and menstrual disorder as its origin. The size increased rapidly. I made initial marks upon pelvis and abdomen as guides to the measurements and saw the daily increase in size until the abdominal integument was distended almost to rupture, as in pregnancy at full term. The period of enlargement was rapid, the period of non-increase in size lasted over two weeks. Fluctuation was present and by the oblong shape of the tumor the suspicion was almost confirmed that we had an ovarian cyst to deal with. However, when the tumor no longer grew and by daily careful mensuration a gradual absorption and decrease in size was noted, the true condition of encysted dropsy was recognized, a new element of danger was feared, that of the contents of the cyst becoming purulent and blood-poisoning. For days we were ready to use the aspirator to evacuate the cyst at the slightest evidence of pus absorption, as indicated by the initial chill or rise of temperature. A tardy absorption followed. For three months the patient did not walk. The summary, in brief, is that this case presented many unusual and distressing symptoms and its successful termination is a cause of congratulation.

The family history of the patient was bad. She was the eighth and last child; all had grown up, only to die before the age of thirty-one years. The scrofulous and tuberculous diathesis was most marked, there was a suspicion of inherited specific taint. The habits of life were against her: a most inveterate dyspepsia existed, which was whipped up by high and late eating and stimulants. The English habits were maintained in spite of gouty twinges and excessive fat.

During convalescence, by careful diet and medication the dyspepsia was cured. Menstruation was established after five months, and is regular and normal.

A uterine displacement—anteversion, was detected and remedied. A chronic endometritis was cured during convalescence. The size of the abdomen is normal and flat, with no trace of cyst wall. The health of the patient has been better for two years than ever before, she not being aware of any slight symptoms of abdominal enlargement or ovarian disorder—and scarcely a day sick since.

The main features of the treatment, as summed up, are those after the acute inflammatory symptoms had subsided. *Cal. carb.* in 6 and 30, were daily given; *Sulphur* 30 and *Silicea* 12; *Sepia* 6; *Terebinth and Cantharis, Bryonia*, etc. Comfort was given by painting the abdomen, when so long and so much distended, by daily applying a layer or two of the oleaginous collodion. Drs. Laning, Ludlam, Crawford and Patton, who saw the patient in consultation, offered valuable assistance in helping the case to its recovery. The nurses in this case were unremitting in attention, and every needful and luxurious article most lavishly supplied.

Case 2.—*Vesical Calculus from the female bladder*—The accompanying illustration, exact in size, shows a unique form of calculus. Attention is called to this specimen, first, because of its pointed shape, second because of the symptoms as explained by its removal.

For four years, the patient, a woman, past the climacteric epoch, has had for a few days at a time, many symptoms common to prolapsus with vesical irritations. Having had "falling" during the menstrual epoch, attention was not specially directed to the bladder until a year ago, when many of her former symptoms disappeared, and vesical irritation, especially at the urethral portion, was always present. The urinary symptoms were, tenesmus while standing or sitting, better when upon the back, frequent urination, some days as often as every five minutes, always better when upon the back or side, burning and smarting along the urethra almost all the time. These conditions were so constant that it seems strange that they did not constitute about the entire case, but to her mind when I was asked to see the case some three months ago, the peri-uterine symptoms were even more pro minent, and peli-peritonitis was given as the diagnosis, with the added remark that the parts about the fundus of the bladder were most involved in the sub-acute inflammation. A month ago, while attempting to void the urine, the patient noticed a very sudden stopping of its free flow; a few moments after, the pointed end of the calculus was easily felt. This was at 10 o'clock A. M.; with more or less pain and tenesmus, the calcu-

lus filled the urethra, until 5 o'clock P. M., when by the aid of a dressing forceps, I easily released it without rupture of the parts.

The vesical and peri-uterine symptoms gradually disappeared after the expulsion of the stone, the size of the stone, and its peculiarly pointed shape giving rise to the suspicion that its shape was due to the frequency with which it had been passed into the urethra, but was not retained as in the last instance. The surface was worn smooth save at its middle and upper third. It was of the triple phosphate variety. No hemorrhage followed its removal.

FINAL HISTORY OF A REMARKABLE CASE OF DIABETES. (*Continued from the* CLINIQUE, Vol. VII, page 199.)—BY DR. M. A. BOWERMAN.—The patient continued to improve, the sp. gr. of the urine being 1.035, when, owing to an excess of mental anxiety, it returned to 1.045. The urine was not voided as often as formerly, or increased in quantity; she was very restless, had palpitation of the heart, was melancholy and grieved about dying, and leaving her little girl alone in the world. Changed remedy to *Arsenicum alb.* 3, and advised her to live out of doors as much as possible, and also to avoid whatever would excite or annoy her. She began to improve again, and gained strength rapidly; but was restless, and could not sleep at night from thinking. One powder of *Codeine* 2, taken just before retiring would relieve, and she would sleep soundly until morning. October 1, she began to grow fleshy. December 20, she had gained eighteen pounds in weight; said that she had not felt so well for years. She could run up stairs without fatigue, and seemed to be well. The specific gravity of the urine was 1.030; passed about three pints daily, and the color and odor seemed natural. Her axillary temperature varied from 97° to 98°; that of the vagina was the same. She did not crave sweets and had no thirst. Her appetite was good.

On New Year's eve took a violent cold, the old symptoms returned; night sweats, excessive prostration, great thirst, dizziness, intolerance of jarring and noise, the eyeballs felt swollen and painful, and were very much congested. I gave Aconite, followed by Belladonna, then Bry. and Phos. She

was very constipated. January 7, had a stool, hard black balls; was stupid, half asleep. Gave Opium 3x, after which she had profuse urination, perspired freely and felt better. January 7, took a fresh cold; January 10 and 11 had a high fever, was delerious, face and eyes very much swollen and flushed, could not bear the light; throat felt parched; melancholy and depressed, did not want to be left alone; the menses did not appear; very hoarse, short respiration, slight cough when trying to raise the mucus in her throat, said that there was a feeling of weight over but no pain in the lungs whatever, but had an aching pain and tenderness over the kidneys and sharp stitches through the lower part of the abdomen; temperature 100°, pulse very rapid but light, Bry. and Phos.; passed urine frequently, but little at a time, nearly colorless; felt better, wanted something to eat; passed no urine during the night. Next morning, January 13, 10 A. M. very thirsty; no pain whatever but could not take a long breath; hands and feet cold, eyes swollen, bright and glistening, pupils contracted; tongue deep red, pointed, elevated papillæ, brown through the center and little flecks of fur all over it; temperature 99°. Gave Bell. Phos., hot applications at 4 P. M.; face pale, thought she felt better, could breath easier; had passed no urine during the day; had tenesmus, did not want to be moved if it could be avoided; complained of being hungry, ate quite a hearty supper; temperature 98°; seemed confused in her mind. Gave Opium 3d dilution. At 6 P. M. she had a profuse and exhaustive stool, almost a collapse; do not know whether she passed urine then or not; temperature in axilla 96°, wheezing respiration, her face suddenly became swollen, and of dark purplish hue; was quite exhausted; could not swallow; had her inhale ammonia; succeeded in giving a few drops in water; gave drop doses of Aconite which relieved. At 11 P. M. the temperature was 103°, and she sank into a quiet slumber, apparently easy, with normal respiration. There was a warm moist perspiration on her forehead, her hands and feet were warm, her face had assumed a natural expression at 12. Midnight temperature 97°; still sleeping. The physicians whom I had called in counsel thought the patient seemed to be so comfortable that they went home. At 1:30, still sleeping; temperature 97°. At 2 o'clock began to choke as if trying to raise phlegm in her throat; suddenly her face assumed a dark swollen appearance, she gave two or three gasps as if for breath, and all was over. She died at 2 A. M. January 14.

Toxic diabetes—death from acetonæmia.—By Dr. A. K. Crawford.—Mr. F., thirty-four years of age, is of German birth and has resided in this country two and a half years. He came here a confirmed rheumatic cripple. Shortly after his arrival I took his case in hand, but found that I could do but little for him. He tried the mineral baths of an excellent institution, and was under a homœopathic physician's direction there too, but he returned without being benefited. The examination of his urine proved it to be non-albuminous, non-glycosurous, neither did it contain uric acid crystals, tube casts or any sign of gouty kidney. His mode of locomotion was on a wheel chair, to and from which he with difficulty moved on crutches. His limbs and feet, and joints generally, were swollen and distorted by rheumatic arthirtis, yet he could not quite release his hold on the belief that by some means he would some day be cured. He was naturally of a hopeful disposition, had a bright intellect, and he had youth on his side. The sequel will show in how far his expectation was realized.

In April last he took a prescription offered him by Dr. T., a physician of the old school, which he continued until September. He then began "Reiffert's Rhuematic Cure" and had half finished his fourth bottle in a little more than two weeks. Early in October he paid a visit to some friends in the country. Three days after his arrival there, by the advice of said zealous friends, he began a most assiduous process of drug saturation. A free application was made of a commodity having much the appearance and consistence of strained honey, the oil of turpentine, then the elbows and knees were swathed in cloths saturated in the same. These were left on three or four days. Upon their removal the whole body was rubbed thoroughly with fusel oil. Two and a half weeks were devoted to the repetition of this process, until in fact he returned to his relatives in the city. Ever since April then, this patient had been continuously taking terebinth in one form or other, and latterly had been actually steeped in it. With what result?

He was enabled to walk without crutches or cane, and he

could use his swollen jointed hands with considerable freedom and ease. When I saw him for the first time in months, on November 6, acting cashier of a business house, in the possession of such mobile limbs, and declaring himself perfectly well, my bump of inquisitiveness was aroused. He appeared to me paler and thinner, his eyes were brighter, and he exhibited a general nervous tension not habitual to him. The only thing he thought worthy of mention was his increasing capacity for beer. He was intensely thirsty, but had little appetite for food. It was recalled to mind that two weeks prior to his visit to the country, his thirst was more than natural, and since then it had gradually grown greater. He had lost considerable avoirdupois, most rapidly while he was undergoing the super-saturation of turpentine. In two weeks' time he had diminished thirteen pounds in weight and was evidently still losing.

I importuned him to stop the use of all medicines and applications which had brought about such marked local changes, and such depression of his vegetative system, for fear, I said, of inducing destruction of the kidneys. At that time I had not examined his collection of bottles and jars, which contained more or less of the different compounded and simple commodities he had used; nor had I seen or examined a sample of his urine.

On November 9 I was called to his bedside because he was ill, prostrated in bed. I saw him but once more, the next day, for early the following morning, November 11, he died. On the 9th he was excessively nervous; the voluntary muscles were in a state of tremor, the hands and feet chilling cold, the heart acting boisterously, the eyes glaring, mental perturbation and pleading for relief, insomnia, anorexia and intense thirst. He was urinating very profusely and frequently. This function, I learned, had been overactive since the oncome of thirst in September, and also that it had constantly increased commensurate with the latter.

The state of nervous erethism so pronounced on the 9th gave way to depression on the 10th. He was listless, eyes dull, his attention roused with difficulty, and tongue parched as if

far advanced in typhoid. The urine was now much less frequently voided, and only a small quantity at a time. His respiration during these two days was rapid and full. He took into his lungs and expelled again whole volumes of air, yet his craving for air remained unsatisfied. As was to have been expected, coma followed upon the typhoid state, and gradually deepened until life was extinguished the following morning.

Thinking that possibly the lessened quantity of urine passed during the last thirty hours might be due in part to retention, a catheter was passed *post-mortem*, but not more than three to four ounces was obtained.

A sample of the urine passed by the patient on the 9th was examined quantitatively by Dr. J. B. S. King, as was also the *p. m.* specimen, and his analyses showed the first to *contain four per cent of sugar and a trace of turpentine, and the sp. gr. was 1035.* The second had *three and three-fourths per cent of sugar.*

We have then certain facts before us: There was no glycosuria two years ago. There certainly was a heavily-laden saccharine urine when the patient became suddenly ill. The symptoms attendant upon this condition can be traced back only about two months. Their development followed the continuous use of a poisonous medicinal agent. The symptoms of thirst, polyuria, and loss of flesh became pronouncedly worse when the drug was applied so lavishly externally. The same drug substance, turpentine, was found in all the recipes he had used, and a trace of it was found in the urine. The general character of the acute symptoms, suddenly developed, was toxænic, its special action being focused upon the nerve centers, and the patient died comatose.

This case, therefore, resolves itself into one of toxic diabetes, due solely to the administration of terebinth. That the mode of death does not differ materially from that of many recorded cases of idiopathic diabetes only points more conclusively to the homœopathicity of this drug to diabetes. Nor is it by any means the only drug with which we are familiar that furnishes a proving of the same condition. Searching the works of Hahnemann, Noack and Trinks, Hempel, Lilienthal, Hering, Hughes, and Allen, I find seventeen remedies under which diabetic urine is more or less pronounced. Of these the most marked seem to be *Argentum metallicum Phosphoric acid, Plumbum. Terebinth and Uranium nitricum.* To this list one more of special merit ought to be added, the *Zizygium Jambolœnum*, which has been used in an empirical way, and with good effect, but Dr. J. E. Gilman has shown

us by a proving* that it is capable of inducing saccharine urine.

Of thirty-two cases of sudden death in diabetes, collected from various sources by Dr. Jules Cyr, twenty-one of them died in a comatose state. The reason for this sudden ending, and its mode, has been searched for in various directions. It has been ascribed to uræmia, to thickening of the blood to a degree sufficient to render it unfit to circulate, to hyperglycæmia, to cerebral anæmia, to atrophy of the cardiac muscles, to the sudden introduction of ferment-germs into the blood, and to chemical transformations of the diabetic sugar, leading to the formation of poisonous compounds within the body. The last named is the more generally accepted view and the chemical compound spontaneously formed is as generally believed to be acetone. Experimentally Dr. Balthazar Foster has shown that the addition of acetone to healthy blood produces the same changes in color, consistence, microscopic appearance and alteration on exposure to the air which he had already noticed in the blood of a diabetic boy who died suddenly of diabetic coma. The suddenness and intensity of the symptoms characteristic of acetonæmia, Kussmaul believes, cannot possibly be ascribed to acute intoxication from acetone, but rather that a state of chronic poisoning by this substance may so affect the nervous system as to render it liable to take on an acute form, just as chronic alcoholism may suddenly explode in delirium tremens.

In those patients who have a range of fever from 100° F. and higher with acetomæmia the condition is readily detectible by the odor of the breath. The acetone volatilizes freely under these circumstances, and is thrown off both by respiration and urination. It has a vinegar-like smell, very suggestive of stale beer. The case I have related did not have this symptom, for like most diabetics his temperature was low.

After specifying the disintegration of the elements of the blood in a case of acetonæmia, Dr. B. Foster's closing paragraph reads as follows; it is quoted in full, for it suits my case not less well. "Assuming for a moment that acetone was developed in the boy's system, its destructive effects on the blood would be amply sufficient to account for the great dyspnœa and the cyanosis, steadily increasing in spite of the full and frequent inflation of the lungs. The blood-cells were so destroyed that they were no longer able to absorb and fix the oxygen drawn into the air cells by the vigorous respiratory action of the patient."

*See THE CLINIQUE, vol. VI, p. 276.

Hospital Notes.

SKIN AND VENEREAL CLINIC.

SERVICE OF PROF. HOYNE.

REPORTED BY G. B. BUSHEE.

JANUARY 25, 1887.—*Case* 13276.—This is one of our old patients, although a young woman, and she has been quite regular in her attendance ever since August, 1885—a year and a half. Her disease was tertiary syphilis. Some of the senior students will remember seeing her last winter, at which time the nose and mouth communicated by extensive ulceration, affecting the bones as well as the soft parts. The opening closed under the influence of Aurum met. The lungs, you will remember, became seriously implicated and a very unfavorable prognosis was given. However, Phos and at times Carbo. veg. saved her life. But meanwhile the original disease again attacked the nasal bones, and the sense of smell and taste were lost and the voice as well. In addition, and accompanying this relapse, the tissues above the bridge of the nose ulcerated externally, and it was feared that the nasal bones would be entirely destroyed. A resort to Aurum soon corrected all this, and to-day she claims to be well, with the exception of a slight cough whenever she takes cold, and neuralgic pains of rather a transient character. The symptoms which she has just related point to Stannum as the most appropriate remedy, and she has derived considerable benefit from its administration.

To sum up, the remedies which have been given from the beginning of the treatment up to the present time may be mentioned as Aurum, 18 times; Nit. ac. 3 times; Bryonia, 4 times; Kali bich. once; Carbo. veg., 3 weeks; Arsen., 7 times; Phos., 18 times, and Stannum for two weeks.

Case 13318.—This is another old patient, although young in years. About a year ago she entered with acne, gastric troubles and hysteria. Under treatment, at times the skin has cleared up so that hardly an acne point could be discovered, but only for a short time. The relapses have been frequent. The gastric troubles, which were so prominent in the beginning, were relieved in a few weeks by Pulsatilla, and later by Nux vom. It was then that the face was clear, but the eruption returned, notwithstanding the decided and permanent relief of other symptoms afforded by these remedies. Nervous headaches came on, but were soon relieved by Bell. As the acne

still cropped up from time to time, she was sent to Prof. Bailey's clinic for an examination for uterine or other diseases of the sexual organs. Nothing abnormal was discovered and she was returned to this clinic. Ign. has at times afforded some relief, but only for a brief period. She is now taking Chelidonium on account of pain under the shoulder, pain in the abdomen and a strong desire for hot drinks.

Case 13343 is a long lasting one of ringworm on the arm, but the patient is partially to blame for that, for she is very irregular in her attendance, at times remaining away for seven or eight weeks. She is a great deal better than last spring, but not quite as well as a month ago. Her remedies as indicated have been Natr-mur, Sulph. and Puls. To-day she complains of much neuralgic pain about the left eye, and she will receive Spigelia. Six years ago she had a similar attack.

Case 13360.—This woman had varicose ulcers on the leg and ulcerations upon the arm of the same side, which had troubled her four years. Syphilis was suspected but no such history could be obtained by the most careful examination. She was very weak, so much so in fact, that the house physician was obliged to visit her at her home for a time. Her main remedies have been Lyc. and Sulph. At times Rhus., Bry. and Lach. have been given according to the symptoms present, but she has improved very rapidly under Sulph. 1 m., and we shall continue it for the present, especially as the ulcerations upon the arm have disappeared, and those upon the leg are nearly well.

Case 13388.—This young woman entered the clinic September 28, with pustular eczema of the face. She came from the Cook County Hospital, where iodine was applied so freely that her mouth became contracted, and is now at least one and a half inches narrower than nature made it. You can see in the corners the cicatrices indicating the amount of constriction. Her sleep symptoms, her constipation, desire for coffee, etc., indicated Nux., which has benefited her very much indeed. At first on account of the persistent toothache Merc. was given with quick relief. Ars., Bell. and Rhus. were also used as the symptoms seemed to indicate. On account of the difficulty in understanding her broken English, we have not always obtained symptoms which could be considered characteristic.

Case 13393.—This young man contracted syphilis last September, and a month later entered the clinic with a serpiginous chancre, which became phagedenic. The secondary

eruption had also appeared on the body in the form of roseola. He was very much run down in his general health, had night sweats, looseness of the bowels and other symptoms denoting a bad constitutional taint. The chancre at times bled profusely when dressed. Merc. jod., Merc. sol., Ars. jod. and Nit. ac. were given at different times with but trifling benefit. On account of this tendency to profuse bleeding, the general appearance of the patient, thin with black hair and eyes, and a history of profuse bleeding from slight injuries, Phos. was given and he is now rapidly improving. The eruption is beginning to fade and the chancre is healing.

Case 13395.—Mr. D., aged thirty-nine, had syphilis twenty years ago, which was apparently cured with large doses of mercury. Ten years ago it reappeared and was again treated in a similar manner when it again disappeared. Two years ago some ulcers appeared on his left leg and left arm, and have remained ever since, notwithstanding his former methods of treatment. We prescribed Nit. ac. 30, on the occasion of his first visit, which benefited him so much that he went to a drug store as soon as he had used it up and obtained the crude nitric acid, which he took in water for a time with good results. When the improvement stopped he returned, and we then found that Rhus. tox. was better indicated. He is now taking this internally and bathing the ulcers on the legs with a Thuja. wash. The arms, he says, are about well.

Case 13397 reports to-day for the second time. You will remember it as one of seborrhœa of the scalp. Phos. 30 was ordered four times a day and calendula jelly locally. The patient reports some improvement, and the same treatment will be continued.

Case 13400.—This young man came on December 7, with a bubo in each groin caused by syphilis. The chancre had healed up. Under Merc. sol. 6 he has steadily improved. One of the buboes opened and discharged, while the other has steadily grown smaller. His chances for a speedy recovery are excellent.

Case 13402.—Mrs. W., aged fifty-two, has had varicose ulcers upon the left leg for over a year. Has tried numerous remedies and applications without relief. Thuja 30, internally and a wash of the same drug locally relieved her greatly for a time, when the remedy was changed to Nit. ac. with marked improvement.

Case 13403.—Young man, aged twenty-two, entered December 28, with a secondary eruption. He stated that some months previously he had four or five chancres, one of which was located on the face near the mouth, and cervical buboes. The scar upon the face marks the site of the facial chancre. Upon examining the mouth no signs of ulceration were observed, but about the anus and buttocks numerous mucous patches were found. Has also varicocele. Merc. sol. 200 was followed by slight improvement, but under Rhus. 30 the patient has wonderfully improved. Arg. nit. one grain to the ounce of water was ordered painted over the mucous patches, and they have diminished greatly in size. The prognosis is favorable for a rapid cure.

Case 13404.—On January 11, this young man came in with acne of the face and shoulders. After a careful examination, Sulph 1 m. was prescribed to be taken three times daily, and hot salt water ordered to be used twice daily locally. The improvement in seven days was so great that Sac lac was ordered. To-day he again reports great improvement and the Sac lac will be continued.

Case 13405.—Mr. B., aged fifty-six, entered the Clinic last week. He is an old soldier, having served in the army for some years. Twenty-five years ago he had syphilis, which he supposed was entirely cured by allopathic physicians. He has now a syphilitic eruption upon the head and face, and "rheumatic pains," he calls them, in his extremities. He had taken cathartics freely from time to time. Nux was given last week for this reason, but to-day we shall give him Bryonia, as his symptoms strongly indicate it.

Case 13406.—This little girl came in last week with eczema capitis, which has troubled her for many a month. The whole of the scalp and portions of the face and ear are effected. Graph. 1 m. was ordered, and to-day she reports some better. The remedy will be continued.

Case 13407.—This man has phymosis, caused by the presence of three or four chancres, which are now concealed by the inflamed and swollen prepuce. He also has a bubo on the left side. So far he has only received homœopathic treatment, so we shall give him Merc. sol. 6, four times a day, and have him inject under the prepuce, carbolized water several times a day for cleanliness.

Case 13408 is also a case of chancre. The patient says he has cauterized it frequently. You will notice that he has

an inguinal bubo which he has been treating with an ointment, the name of which he has forgotten. He has as yet taken no medicine internally, so we shall give him Merc. sol. 6.

Case 13409.—This young man also had a chancre which he treated with caustic, and as a result he now has there two inguinal buboes, one of which will probably suppurate. He will receive Merc. sol. 30.

Case 13410.—This young man says that four months ago he had gonorrhœa, for which he took sweet spirits of nitre and oil of cubebs. Two months later an eruption came upon his left shin bone, following an injury, which he suspected might be syphilitic. Hepar. sulph. will be given as the suppuration is quite extensive.

Case 13411.—Another case of chancre in this old man with a rather serious complication, paraphymosis. It cannot be reduced on account of the extensive swelling and inflammation and as there are no signs of strangulation as yet an operation is not necessary. The parts have not been washed for over two weeks, and hence are in a filthy condition. Plenty of soap and water locally and Rhus. tox. 30 internally.

Case 13412.—This is a case of secondary syphilis. The patient admits having chancres some months ago. The posterior cervical glands are considerably enlarged. The right side of the tongue shows the characteristic ulceration. The primary disease, with the accompanying bubo, was treated allopathically with caustics and mercury. He will receive Nit. ac. 30.

Of the above twenty cases, the following reported either February 1 and 8: *Cases* 13276, improvement; 13360, much better; 13388, eruption again spreading, otherwise much better; 13393, decided improvement; 13397, much better; 13400, improvement; 13402, much better until the three rainy days, when she had considerable rheumatism; Rhus 200: 13403, better; some of the patches gone; 13404, better; 13405, better in every respect; 13406, much improved; 13407, bubo has broken, and the penis is oedematously swollen; Apis 30: 13409, better; one bubo has disappeared; 13410, improvement; 13412, much better.

POST-GRADUATE EDUCATION.

DELIVERED BEFORE THE ALUMNI ASSOCIATION OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE, THURSDAY EVENING, DECEMBER 16, 1886, BY PROF. R. LUDLAM, M. D., OF CHICAGO.

If the possession of a diploma was a guarantee of perfection in the science and the art of medicine, your society would not have been organized, and I should not have had the honor of addressing you to-night. The simple fact that we are here affords strong evidence that a practical professional education is a progressive affair, and that with each and all of us the college course needs to be changed for an unlimited term in the school of experience.

Much has been said and written of the higher education of medical students, but I am not aware that any teacher or author has developed the idea and insisted upon the higher education of physicians. With our State boards of examiners, with our medical societies of every grade, and with the people, also, the question concerning the doctor is, always, *has* he qualified, and not *is he qualifying*, for the practice of his profession? Even when the improved methods have been most successfully applied, our licensing bodies have looked into the advantages which the candidate had and improved before becoming a medical student, and before his admission into the school, rather than to his diligence and his development after having taken its honors. What was done before matriculation, and how many hundred lectures have been heard or slept over in the college, are the cardinal questions. Scarcely a word is said of post-graduate training and improvement, and of the extension of habits of study and research into the after life of the physician. No body, I mean no responsible medical body, asks whether he knows enough to know that the traditions of the lecture-room often break down at the bedside, and that his having crammed for the degree is in no sense an equivalent for a sound and a liberal medical education.

The lack of early training and the superficial haste with

which the undergraduate is forced into the medical ranks and adopted into the family account in a large part for the low grade of professional attainment that is so common in our day. But it often happens that, where the primary education of the pupil has been sufficient, and the college course has not been shortened, the fault lies in the fact that his application and study *ended* with the Commencement day.

The remedy for this unfortunate condition is not always to be found in the establishment of a high grade of preliminary acquirement, or in a more thorough entrance examination; neither in a multiplication of the branches that are taught, nor yet in a mere lengthening of the term of college instruction. What is needed is an increased ratio of well-read physicians, a larger share of earnest workers and of diligent alumni, who will not be content with the mere possession of sheepskins and goatskins, no matter whose endorsement they carry, or what rights they confer.

All honor to a well-earned degree, for the day has passed in which ignorance and prejudice and barbarism were considered a special endowment for the practice of the healing art. And all honor to the glorious band of teachers who, in so many cases, have literally toiled "without money and without price" for the upbuilding of our educational interests. But the school and the hospital, the lecture and the quiz, the demonstration and the clinic, which are so many stepping-stones to the threshold of a medical career, must be supplemented by continued and persistent post-graduate study and application, or we shall retrograde more and more as time runs on.

My present purpose is to indicate some of the ways and means which I believe will surely elevate the standard of professional attainment, and magnify the office of the physician. If the study of Latin and logic and the higher mathematics, the possession of a classical education to begin with, and the survival from a long-drawn course of training in the college and laboratory have failed of an adequate result, let us try another remedy. My prescription for the case in point will include a few old fashioned resources, and one or two new ones, which are not yet in vogue, as they should be, and doubtless will be in the near future.

1. Of a systematic plan of reading and writing on medical topics.—Without croaking over the degeneracy of the times upon which we have fallen, it will be conceded, I think, that the average doctor of our day is not so fond of his library as his father or his grandfather may have been. He has more books at hand for consultation and reference, but he is less familiar with their contents. His hours for careful reading are few and far between. He has ten or perhaps twenty medical journals where his preceptor had one; but, in a sort of vicarious way, the editor, good, bad or indifferent, does his reading and thinking for him. He runs over his periodicals as most people read their newspapers, in the place of, and to the exclusion of, the best authors. Indeed, in the nigger-at-the-bell-pull way in which he lives, he is supposed to have no time for anything better. The consequence is that the well-read physician, whom we knew when we were boys, is not always present and ready to participate in the deliberations of our medical societies.

Now, a good book is a silent partner in the business, whose rights and resources we are bound to respect and to utilize. Each volume is the mouthpiece of its author, and a library that is filled with the best books brings so many able consultants within easy reach. This is the way that we country doctors in the far West find it possible to confer with the distinguished faculty of your *alma mater*. We look to their writings for the information and the advice that would not otherwise be available, and are glad of their help, even although it must be at second-hand.

And what is true in this regard of the post-graduate influence of Helmuth and Allen and Dowling and their colleagues, whom you had the good fortune to hear and to follow in the "tedious time of your adolescence," is equally true of a host of writers in the different medical schools of our own and of other lands. The text-books which were the swaddling clothes of our medical infancy have been laid aside for something better and more suitable to our present needs and status. Once we were surfeited with them and with the everlasting drudgery of trying to master their contents; but now there is

"metal more attractive." Instead of recitations we are devoted to research. We have exchanged the dreary round of lecture-going for the daily and hourly demand upon our skill and our sympathy. And, if we have grown in the right direction, we surely have developed a fondness and an appreciation for a more advanced and comprehensive literature.

For two reasons I apprehend that the medical publications of the present day are more satisfactory and helpful than they ever were before. The first of these is the multiplication of encyclopædias, which really consist of collected monographs by special authors upon special topics. Every earnest, English-speaking physician is pleased that we now have such works as have long been familiar to our French and German *confreres*. The second of these reasons is the grateful decrease and decay of those controversial writings which once were injected into the most serious themes, and which distracted the mind of the reader without any practical compensation.

That a full and complete digest of medical learning is within the reach of every *alumnus*, and that the fierce competition of the different schools of medical practice is fading away, are promising conditions for the future of our beloved profession. The logical relation of these two factors of genuine progress is a subject for serious study by the members of your society. For it especially concerns those graduates who have outgrown the college curriculum, and who, like yourselves, are banded together for a common and a most exalted purpose.

It is not unreasonable to predict that a constant reference to this kind of literature, which is condensed, correct, available, and purged of extraneous and offensive matter, will tend to develop the exact scientific quality which is indispensable to the thorough physician.

2. *Of professional intercourse and correspondence.*—But the scheme of a progressive medical training must include the social as well as the scientific idea, the life as well as the literature of our guild. For, like other mortals, the diligent physician needs fellowship and brotherly contact, or he will fail of a decided success. Professional intercourse is indis-

pensable. Without it men grow selfish and narrow, sour and sectarian, skeptical and short-sighted. To realize that our individual experience is not the limit of the curative possibilities, will put us in the mood of mixing with our neighbors for our mutual profit.

Nothing so sterilizes our faculties as distance and separatism. A profound writer has truly said: "The mania for isolation is the plague of the human throng, and to be strong we must march together." The doctor who is a perpetual stranger among his brethren, who always stays at home from the meetings of the medical societies, and who never contributes to the common fund of experience, can not be in a fit condition to assimilate the practical knowledge that lies about him, and of which he might and should become possessed. So that the prophylactic of this form of mental dyspepsia is to keep step with the procession.

This social idea has been projected into your present organization. Its spirit was entailed upon you from your college life. Of all that you remember concerning those early days, the incidental social experience, and not the scientific pursuit, is the most pleasant and grateful. Nor is this all; for a large share of what you then learned in inextricably associated with the conduct and *camaraderie* of the members of your particular class — how this fellow behaved or misbehaved in the lectures or the clinics; how that one took notes, or answered in the quiz; how one was a thirsty sponge, and another a leaky spigot; how the big chap from up the creek thought himself a fore-ordained specialist, and the dapper little fellow from "nowhere in particular" raved about the high "delusions."

No matter what they have accomplished since those early days, the actors in that little drama are easily recalled; and, but for their individual peculiarities and what they have brought you by association, that period of your life might as well be written in parentheses.

Fancy a medical class that consists of a single student who is forced to study and to "flock all alone by himself." Or a class of serious dummies who have too much respect for themselves, or for their teachers, perhaps, to doubt or to criticise

what they hear. Once in possession of their credentials these men would very naturally enter the profession without the least feeling of friendship or desire to fraternize with its members as a means of culture and improvement.

The world is a class-room on a large scale. With all of their peculiarities, what your classmates were in college, your co-graduates are now, colleagues and competitors whose society will continue to be kindly and helpful in many ways, and whose ulterior object is the same as your own.

A right estimate of what is knowable and worth knowing in practical medicine and surgery can only be reached by associated and persistent effort, and by a generous comparison of the results that have been obtained. For, so to speak, only a small share of what is called experience is grown in our own garden. As members of a busy and a slavish craft, our observation is personal and individual, while our experience is general and many-sided. The one is limited and spasmodic, but the other is comprehensive and continuous. One is fragmentary and single-handed, very prone to be occupied with matters of comparatively trivial import, while the other indicates an orderly and measured progress, the accumulated wealth and wisdom of the profession.

Now, this coöperative method of a post-graduate education is self-perpetuating. It places our learning and experience, which is our stock in trade, at compound interest for the benefit of all concerned—the calling, the community, and ourselves individually. But the conditions upon which we may participate in the profits of the concern are, that we shall continue to pour our mental earnings into the common treasury of medical knowledge; that we shall earnestly desire and strive to develop the resources of the best and most beneficent of all the arts and the sciences, and that, wherever we are, or however we may be situated, we shall not "forsake the assembling of ourselves together."

3. On the improvement of every possible opportunity to revisit the college for a review of our studies.—There is an almost constant relation between the usefulness of a metal and its propensity to rust. If we take iron as the type, it must

be protected from the action of the atmosphere and from moisture, or its particles will not continue to cohere, and its valuable properties will soon be lost. Moreover, it gains strength by the weight that it carries, and by the active purpose that it subserves in the mechanical arts. The constant vibration of the railway track and of the suspension wires prevents their being depolarized and disintegrated. The track that is unused will be neither safe nor bright; and the wire rope that swings lazily and sustains nothing can not be depended upon. The iron pillars and appointments of this building in which we are met, would soon fall to pieces if they had nothing to uphold, and if the people did not come here from time to time to charge their molecules and to renew their strength. It is hardly too much to say that these inanimate things have taken a lively interest in the applause which you have so kindly bestowed upon myself.

As of the iron, so of the intellect; for the mental faculties are like the metals—the most useful are the most prone to become rusty. Without diligent care and the most industrious use of the mind, it will become dull and torpid, and lacking in strength and vigor. The doctor's perceptions and memory and judgment are in need of constant exercise or they will not carry the weight that is assigned to them as it should be done.

Realizing that a perfect knowledge of the branches pertaining to medicine can not be gained during their pupilage, many of our young graduates resolve to seize the first opportunity to return to college for the completion of their studies. But the longer they "practice," and the more deeply they become immersed in their daily duties, the less likely are they to fulfill their good intention. The theory is correct, but the result is that the resolution goes by default, for there are not many physicians who actually return to college to remain for any considerable time. In this regard the rule that applies to other literary institutions applies also to the medical schools.

Nor is this very general failure of a laudable purpose altogether an affair of the will or of the convenience of the doctor. Something of it must be charged to the college itself. For what is the special inducement offered, and what shall be the equivalent for a prolonged absence from his field of labor and the necessary outlay of time and of money? Will he not hear the same or very similar lectures upon the same old, elementary subjects that he heard as an under-graduate? He may, indeed, have access to more and better clinical instruction, but with one clinic each day, or each week, he surely will

not progress very fast or very far in the direction of a thorough post-graduate scholarship.

We old teachers sometimes have a pang because our former pupils and graduates so seldom find their way into the lecture-room, for our encouragement as well as for their own improvement. They will send us their students (which is the proper thing to do, and which in our flourishing schools is fully appreciated), but they will not come again themselves. They persist in being scarce and shy and short of time for such friendly visits; but the fact is that, in many cases at least, while they were in college they were mentally overworked and underfed, and they have not forgotten it.

I hope to be pardoned if there is anything wrong in saying that there is ground for anxiety growing out of this very matter of increasing the burthen that the poor medical student has to bear. In these latter days, if he is not distracted and demoralized before receiving his diploma, he is almost certain to be driven to resolve that he will never set his foot in a medical college again. And yet the whole drift of what is called the higher medical training, is to lay these poor fellows under a still further tribute, and to blame them for the short-comings of a profession that outranks them and outnumbers them, but which does not outwork them or outweigh them in downright pluck and perseverance.

I have sometimes thought that this kind of imposition upon our undergraduates must cease, or somebody would feel called upon to organize a society for the prevention of cruelty to medical students. And again it has occurred to me that these exactions might reach their limit of toleration and finally excite the victims to violence. A mob of such fellows could do a deal of mischief if they should turn upon us and boycott their teachers and examiners all around the horizon!

Manifestly, it is of no use to varnish the palate in order to cure the distaste for an old dish. Whatever becomes of the matriculate, we can only deal effectually with the new conditions by perfecting a scheme for post-graduate instruction which will not require that the doctor shall go back to the same old branches and the same old benches again.

4. Of attendance upon post-graduate schools and special courses of instruction.—Of necessity, the enterprising young doctor soon learns to apply and appreciate the knowledge that he gained in the medical school and the hospital before his graduation. That knowledge was acquired at a time and under circumstances which were best suited for its assimilation, and now it is ingrained and indispensable. But its scope is limited, and he will soon discover that there are new standards

of excellence and new forces by which they must be developed. He must concentrate his time and energies, and he must observe whether there is any special branch of medicine or surgery to which he is addicted or adapted. He must sustain himself as a progressive student, and, if the old methods are insufficient or inappropriate, he must find such as will satisfy the requirement.

And this is precisely what the post-graduate schools and courses of instruction propose to furnish. By arranging an objective, bedside course that is thoroughly practical, and which is designed for physicians especially and exclusively, a vigorous and sustained education is possible. There is no other way to accomplish it excepting by the long and tedious route that our fathers were forced to take, and which some of my hearers have traveled for a life-time already.

The system has its difficulties, and time and experience will be necessary to perfect the arrangements so as to yield the best results. But, suppose that only the most acceptable and capable teachers were chosen for such a position, and that the profession should yield such an institution a generous support, who can doubt that its influence would be wholesome and desirable in many ways? It would make better practitioners, for even the busy doctor would be as bright as the best of them. It would make better preceptors, for every one who had a pupil would strive to set him an example ofearnestness and of thoroughness that was worthy of imitation. It would make better students, because the physician who is thoroughly awake and alive to the interests of his calling, will never enroll a third-rate student and send him to college on any consideration whatever. And it would dignify the whole matter of medical education, because these schools would be shorn of the power to grant a degree or a legal license of any kind.

The practical application of these remarks is not difficult. The period of graduation is a juncture which is beset by contingencies of a peculiar kind, not the least important and harmful of which is the tendency to permit our studies to lapse and our interest in professional matters to wane and to fade away. There is a large crop of vagrant instincts that spring from sloth and isolation and rust and routine, and which will need to be corrected by the remedies that I have proposed. If the prescription set forth in my plea for a more thorough post-graduate education is a little far-fetched, in one sense at least it is your own fault; but, when you have tried it, if it is appropriate and successful we shall share the honors.

Miscellaneous Items.

The Alumni entertainment at 1823 Michigan Avenue, is set for the evening of February 23, and the Hahnemann College Commencement at 2 o'clock P. M. for February 24——Prof. Hall gave an elegant and very enjoyable party to the Juniors, February 4——Prof. Gilman wound up his course with a juicy lecture on Medical Ethics——Dr. J. W. Cutler has located in Platteville, Wis., and old "Uncle Sam" Lilienthal has left New York for San Francisco——Lea Brothers & Co. have issued Parvin's Obstetrics, a most excellent work——The deaths for the month include those of Dr. E. A. Lodge, in his sixty-fifth year, and Dr. M. W. Slocum, of Buchanan, Mich. Dr. Lodge was the proprietor of Lodge's pharmacy at Detroit, and for twenty years editor of the *American Homœopathic Observer*——Our old friend Dr. T. F. H. Spreng, has been spending a few days in Chicago, on his wedding trip——Dr. W. H. Caine of Stillwater, Minn., has been appointed assistant surgeon-general on the Governor's staff, with the rank of colonel——Rev. Dr. MacPherson of the Second Presbyterian Church of this city, will deliver the Valedictory at the Commencement of the "Old Hahnemann"——Prof. Ludlam's address on post-graduate education is re-presented in this issue from the *Chironian*——Congress has voted $20,000 toward the establishment of a National Homœopathic Hospital in Washington, D. C.——The *New England Medical Gazette* rebukes the vulgar propensity to story telling in our periodical literature, and insists that the joke is being carried too far; but what shall we do when a woman who is neither an idiot nor a negro asks us seriously whether a vaginal injection could possibly run through her Ethiopian tubes?——The Executive Committee has fixed the time for holding the next meeting of the American Institute of Homœopathy at Saratoga for June 27 to July 1, 1887.